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COCONINO COUNTY
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH

Office Use Only

Receipt #: _____
Amt Paid: _____
Date Rec'd: _____
Rec'd By: _____
Referred To: _____

Application To License School Grounds

School means any public, private or parochial school.

Please complete the following School Ground application and return to Coconino County Environmental Health with the application fee of **\$80.00** for schools with equal to or less than 500 students or **\$105.00** fee for schools with more than 500 students.

Please complete (applications will be rejected if not complete):

Responsible Party Information:

Responsible Party: _____ Phone Number: _____

Owner's Address: _____

State: _____ Zip Code: _____ Fax #: _____ Cellular: _____

Other address and/or phone numbers: _____

Email: _____

Establishment Information:

Establishment Name: _____

Street Address: _____ State: _____ Zip Code: _____

Mailing Address: _____ State: _____ Zip Code: _____

Phone Number(s): _____ Fax Number: _____

Hours of Operation: _____

I acknowledge that I have provided accurate information on this application. I also understand that the regulatory authority may require additional modifications for the establishment to meet current Environmental Health Code requirements.

Signature of Applicant: _____ Date: _____